

State of Colorado
Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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Document Number:
403533946

Date Received:
09/19/2023

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10456

Name of Operator: CAERUS PICEANCE LLC

Address: 1001 17TH STREET #1600

City: DENVER State: CO Zip: 80202

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Romana Cowden

Phone

720-951-5895

Email

COGCC.inspections@caerusoilandgas.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 708901522

Inspection Date: 08/31/2023

FIR Submit Date: 09/03/2023

FIR Status: _____

Inspected Operator Information:

Company Name: CAERUS PICEANCE LLC

Company Number: 10456

Address: 1001 17TH STREET #1600

City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 335358

Location Name: COUEY-66S92W Number: 30NWSE County: _____

Qtrqr: NWSE Sec: 30 Twp: 6S Range: 92W Meridian: 6

Latitude: 39.492460 Longitude: -107.707080

FACILITY - API Number: 05-045- -00 Facility ID: 335358

Facility Name: COUEY-66S92W Number: 30NWSE

Qtrqr: NWSE Sec: 30 Twp: 6S Range: 92W Meridian: 6

Latitude: 39.492460 Longitude: -107.707080

CORRECTIVE ACTIONS:

1 ☒ CA# 180090

Corrective Action: The liner will be sufficiently impervious so that any discharge from a primary containment system will not escape containment before cleanup occurs.

Date: 09/23/2023

Response: CA COMPLETED

Date of Completion: 09/15/2023

Operator
Comment: Repaired.

COGCC Decision: Approved pending re-inspection

COGCC Representative:			
2	<input checked="" type="checkbox"/> CA# 180091		
Corrective Action:	Operators will prevent & minimize adverse impacts to wildlife resources.		Date: <u>09/10/2023</u>
Response:	CA COMPLETED	Date of Completion: <u>09/15/2023</u>	
Operator Comment:	Repaired.		
COGCC Decision:	Approved pending re-inspection		
COGCC Representative:			

<u>OPERATOR COMMENT AND SUBMITTAL</u>	
Comment:	
I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.	
Print Name: <u>Romana Cowden</u>	Signed: _____
Title: <u>EHS</u>	Date: <u>9/19/2023 7:05:23 AM</u>

ATTACHMENT LIST

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

<u>Document Number</u>	<u>Description</u>
403533946	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files